

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

DONNA FOUTS, Individually and as	:	
Personal Representative of the Estate of	:	
CLAUDE DAVID HARLEY, Deceased,	:	C.A. No.: 08-425 GMS
and DANNY HARLEY	:	
	:	
Plaintiff,	:	
	:	
v.	:	
	:	
AIRSTREAM INC.; et al.,	:	
	:	
Defendants.	:	

**AFFIDAVIT OF RECEIPT OF
FIRST NOTICE PURSUANT TO 10 DEL C. §3104**

STATE OF DELAWARE	:	
	:	SS.
NEW CASTLE COUNTY	:	

I, A. Dale Bowers, being duly sworn and deposed state that the following is true and correct to the best of my knowledge, information and belief:

1. I am the attorney for plaintiffs in the above-captioned matter.
2. On July 2, 2008, an envelope containing a First Notice prescribed by 10 Del.C. §3104 was mailed by registered mail to defendant Yarway Corporation.
3. On July 14, 2008, the return receipt of the First Notice was returned to the sender showing proof of delivery.
4. Attached hereto as Exhibit "A" is the receipt which was given by the United States Post Office at the time of mailing to the person mailing the registered envelope containing the First Notice and the original return receipt which shows acceptance of the First Notice, referred to in Paragraph 2 of this Affidavit.



A. DALE BOWERS

SWORN TO AND SUBSCRIBED before me this 18 day of July, 2008.



NOTARY PUBLIC

STEPHEN T. MORROW, ESQ.
Attorney at Law
State of Delaware
Notarial Officer Pursuant to
29 Del.C. §4323(a)(3)

My Commission Expires: _____

Exhibit "A"

		Affix Stamp Here (If issued as a certificate of mailing, or for additional copies of this bill)				
		Postmark and Date of Receipt				
		Postage	Fee	Handling Charge	Actual Value if Registered	
					Insured Value	
		Date of Receipt			Due Sender if COD	
					DC Fee	
					SC Fee	
					SH Fee	
					RD Fee	
					RR Fee	
Joseph J. Ruffines, Esquire P.O. Box 874 Wilmington, DE 19899-0874						
Check type of mail or service:		<input type="checkbox"/> Certified <input type="checkbox"/> Recorded Delivery (International) <input type="checkbox"/> COD <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Delivery Confirmation <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Express Mail <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Insured				
Article Number		Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	
1.	RA 311 859 102 US	Winnebago Industries Inc., Attn: Raymond M. Beebe 605 W Crystal Lake Road Box 152 Forest City, IA 50436	16.00 2.62	0	0	
2.						
3.	RA 311 859 147 US	YARWAY CORPORATION CT Corporation System 350 North St. Paul Street Dallas, TX 75201	10.00 2.02	0	0	
4.						
5.	RA 311 859 116 US	YORK INDUSTRIES, INC. 303 Nassau Boulevard Garden City Park, NY 11040	10.00 2.02	0	0	
6.						
7.	RA 311 859 093 US	YORK PROCESS SYSTEM - FRICK 11750 Clay Road Houston, TX 77043-1179	10.00 2.02	0	0	
8.						
Total Number of Pieces Listed by Sender A		Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee) Joe J. Ruffines			
Complete by Typewriter, Ink, or Ball Point Pen						(Fours)
						See Privacy Act Statement on Reverse

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Rhoades
P. O. Box 874
Wilm., DE 19899-874

JUL 14 2008

C/o Dale Fouts

██

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

YARWAY CORPORATION
CT Corporation System
350 North St. Paul Street
Dallas, TX 75201

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X JUL 10 2008

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|--|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input checked="" type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

RA 311 859 147 US